



# Eligibility Screening Record

This record must be completed by the child's parent, guardian, or health care provider for children who receive immunizations through the Utah VFC Program.

Today's Date \_\_\_\_\_  
 \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

Child's Name \_\_\_\_\_  
 \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial

Date of Birth \_\_\_\_\_  
 \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

Parent or Guardian's Name \_\_\_\_\_  
 \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial

Health Care Provider \_\_\_\_\_

*To be completed by health care provider*

DATE SCREENED	VFC ELIGIBILITY* (Check only one category)					<b>NOT ELIGIBLE</b>
	ENROLLED IN MEDICAID	HAS NO HEALTH INSURANCE	AMERICAN INDIAN OR ALASKAN NATIVE	UNDER- INSURED	CHIP	

\*This record must be kept with the child's medical record. It may be used for all subsequent visits and updated as the child's eligibility status changes. Parents or guardians must be asked about eligibility status at each visit. Verification of a child's eligibility status is NOT required.

\*\*Children with insurance, that has coverage for immunizations, are not eligible to receive VFC vaccines.